but, more importantly, to reflect the fact that if these heating bills are going to be paid for—and they should be paid for—we shouldn't borrow the money to do it. We shouldn't ask our children 10 years, 15 years from now to pay those heating bills, with interest, when the bills are incurred today.

So that is all it does. I appreciate the courtesy of the Senate in allowing me to proceed to offer this amendment. I especially appreciate the courtesy of the Senator from Wyoming.

I ask for the yeas and nays on my amendment.

The PRESIDING OFFICER. Is there a sufficient second?

Mr. GREGG. Madam President, I withdraw my request.

The PRESIDING OFFICER. The Senator from Wyoming is recognized.

AMENDMENT NO. 3898 TO AMENDMENT NO. 3899

Mr. BARRASSO. Madam President, I ask unanimous consent that the pending amendment be temporarily set aside, and I call up amendment No. 3898.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The clerk will report.

The legislative clerk read as follows:

The Senator from Wyoming [Mr. BARRASSO] proposes an amendment numbered 3898 to amendment No. 3899.

Mr. BARRASSO. I ask unanimous consent that the reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

(Purpose: To require the Comptroller General to report on the effectiveness of coordination of health care services provided to Indians using Federal, State, local, and tribal funds)

The Indian Health Care Improvement Act (as amended by section 101(a)) is amended—

(1) by redesignating sections 816 and 817 as sections 817 and 818, respectively; and

(2) by inserting after section 815 the following:

''SEC. 816. GAO REPORT ON COORDINATION OF SERVICES.

''(a) STUDY AND EVALUATION.—The Comptroller General of the United States shall conduct a study, and evaluate the effectiveness, of coordination of health care services provided to Indians—

''(1) through Medicare, Medicaid, or SCHIP;

''(2) by the Service; or

''(3) using funds provided by—

''(A) State or local governments; or

''(B) Indian Tribes.

''(b) REPORT.—Not later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Comptroller General shall submit to Congress a report—

''(1) describing the results of the evaluation under subsection (a); and

''(2) containing recommendations of the Comptroller General regarding measures to support and increase coordination of the provision of health care services to Indians as described in subsection (a).''.

Mr. BARRASSO. Madam President, as a physician I have worked for over two decades to help people stay healthy and to help keep down the costs of their medical care. But health issues go way beyond that of a twisted knee or a painful shoulder.

In my practice I have seen firsthand the obstacles that families face to obtain medical care. Rural hospitals and rural providers must overcome significant challenges to deliver high-quality care in an environment with limited resources.

Our unique circumstances require us to work together to share resources and to develop networks. I think everyone can agree that these same principles are critical to support and modernize the Indian health care delivery system.

The Wind River Reservation, located near Riverton, WY, is the home of 10,415 members of the Eastern Shoshone and Northern Arapaho Tribes. It is the third largest reservation in the United States, covering more than 2.2 million acres.

I recently visited with my friends on the Wind River Reservation. The tribal leaders told me of the hopes they have for their families, their communities, for Wyoming, and for our great Nation. We spent much of the time discussing health care.

Individuals living on the Wind River Reservation have worse than average rates for infant mortality, for suicide, for substance abuse, for unintentional injuries, for lung cancer, for heart disease, and for diabetes. They shared with me how difficult it can be for them to recruit and retain health professionals, to respond effectively to cultural barriers, and to help individuals make better lifestyle changes and choices.

We talked about reauthorization of the Indian Health Care Improvement Act, and that is the bill that is now in front of the Senate. This legislation is important. It is important to give Native Americans the quality care they deserve, but it is also important to support critical health facilities that can help drive economic development and job creation.

When Congress debates improving the Indian health care system, the first instinct is to allocate more financial resources or to create new initiatives. Now, this stems from a strong desire from all of us to help. Yet this same helping hand can produce overlapping government programs, and these will be overlapping programs that are all trying to achieve the same goals.

For example, today, neither the government nor Indian advocacy groups can explain exactly how funds are used to coordinate medical services. The Indian Health Service is not like other Federal health care programs. Congress has only limited access to the research data that is needed to improve Indian health care. If we do not know where the resources are being spent, if we do not know the number of programs dedicated to provide various health care services, and if we do not know how health care services are coordinated, then how can we be certain that we are maximizing our ability to help Native Americans and Alaska Natives?

That is why I have offered amendment No. 3898 today. This amendment requires the Government Accountability Office—the GAO—to submit a report to Congress. The report would lay out how these various government and local programs coordinate health care services in Indian country.

The GAO study would focus on programs such as Medicare, Medicaid, children's health insurance programs, and the Indian Health Service. It also would require the GAO to research how these Federal programs interact with efforts by State, local, and tribal groups to deliver the essential health care services that are so vital to these citizens. By identifying any overlaps in spending, as well as pinpointing the service gaps, then we can develop reasonable, commonsense solutions that streamline and improve Indian health care. This way, we can target Federal funds to programs that are making the greatest impact. Then we can focus on additional areas where Native Americans and Alaska Natives need our support and need more support.

The GAO is well known as the investigative arm of Congress, and it is also known as the congressional watchdog. GAO helps Congress improve the Federal Government's performance and ensures programs meet strict accountability standards.

Now, all of that they do for the benefit of the American people. We rely on their expert recommendations, which are unbiased and are set up to make sound policy decisions. This oversight shows us ways to make government more efficient, more effective, ethical, and equitable. It uncovers what is working and what is not working, and it offers valuable advice on how to fix it. But, most importantly, this oversight helps us plan for the future.

Over the years, the GAO has submitted a few reports dealing with specific Indian health issues. Do any of my colleagues recall the last time the GAO completed a comprehensive Indian health care report?

I am certainly unaware of any recent efforts in this area. How many GAO reports have been released regarding Medicare, Medicaid, and the different health professional programs? I think we all know the answer.

We owe it to Native Americans, to Alaska Natives, and to the American taxpayers to adopt this amendment.

Madam President, I wish to make sure that people of the Wind River Reservation in Wyoming, and all Native American people across America, have equal access to quality, affordable medical care.

The Indian Affairs Committee, of which I am a member, will continue focusing on this issue long after this Indian Health Care Improvement Act is reauthorized.